

A

Dated March 14th.

Dissertation

On

Idiopathic Dyspepsia

for

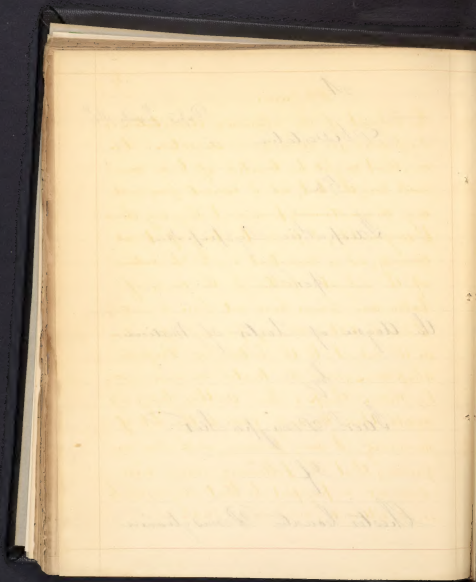
the Degree of Doctor of Medicine

by

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Preface. —

The subject of the following Dissertation is Dyspepsia, or disordered Digestion. It is one, that might be treated of to a considerable length, but, as I cannot from existing circumstances, presume to lay any claim to originality, I prefer treating of it as concisely, as is consistent with the nature of the subject. Although the works of Bullen and Thomas have not been neglected, I am indebted chiefly for my information on the subject, to the lectures of Professor Chapman, and the treatise on indigestion by Wilson Philip. These Authors being less fallible than commonly falls to the lot of humanity, I may presume, with some confidence, that the following essay will serve as a passport to that degree, which is its ultimate, and only end. —

Idiopathic Dyspepsia.

To the luxuries and refinements of civilisation, we are indebted for many diseases which make inroads upon human happiness, among which, not the least prominent is Dyspepsia. Associating itself with the sedentary and strolling, the indolent and luxurious, Man in his native simplicity, seems not to be the object of its attack, contenting himself with the necessaries of life, which are few, and every where scattered around him. To every help there is annexed a penalty, and in the brightest cup of pleasure, mingle many bitter drops of Misery.

Dyspepsia usually commences with sense of oppression after eating, which

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is soon followed by nausea, and sometimes vomiting, by sour eructations, which are generally of carbonated, by Acids, by flatulence, and by distention of the stomach and bowels. The nausea is also frequently followed by a sense of constriction about the throat. There is now furrowed tongue, loss of appetite, fortia breath, constipation, paleness of the countenance, small pulse, and disturbed sleep. Very frequently the appetite is vitiated, and unwholesome articles are demanded; such as unripe fruit, ashes, chalk, and a variety of improper substances. It sometimes happens, however, that the appetite remains unimpaired, and the assimilating function performed pretty well.

The mind, at length, participates in the

Disease, the temper becomes exceedingly irritable, the mind by fits loses its accustomed energy, the ideas become confused, and the patient, at length, finds it difficult to command his attention. His sleep is disturbed by perplexing dreams, and sometimes by fits of Nightmare. At length, he becomes despondent, and sometimes hypochondriack.

As the Disease advances, several very troublesome and painful symptoms arise, which considerably aggravate the misery of the patient. These are Dyspnoea, Cardialgia, Gastrodynia, Lich-hen-a-cha, and palpitations of the heart. The whole of these symptoms, may appear in the progress of the same case, but it is rather an unrequent occurrence. The bowels become disturbed, Diarrhoea

alternates with Constipation, and the discharges assume various appearances. Sometimes they are yellow, green, blue, or black; but generally they are of a light hue, and of a firm consistence, indicating the absence of bile. Sometimes the ingesta are discharged, with little, or no alteration.

The Urine, is, for the most part, copious and pellucid; though sometimes it is covered with an oily film, which has been attributed to an imperfect state of the assimilating function. —

In the progress of the disease, the patient is tormented with a variety of sympathetic symptoms; such as, pain in the breast, sides (more frequently of the left than right) or head, derangement of the functions of hearing, seeing, smelling and



tasting, tenderness of the scalp, the
Douloureux, Hyetena. Tetanus, affections
of the voice, temporary loss of power in
the limbs, numbness, and an endless
variety of affections, in almost every part
of the body.

The skin, in protracted cases becomes
dry, and shrivelled, the surface cold,
the hair parched, and inclines to stand
on end, the patient hanging about
the face, and experiencing frequent fits
of Shivering.

The skin is sometimes affected with
a troublesome itching, and eruptions; not
unfrequently take place. These are the
symptoms, which constitute, what proper-
ly may be called, the first stage of
Eclampsia. They have had
given to them, the appellation of Morbus.



The disease if not arrested, assumes a new appearance, and a train of symptoms arise, which stand as the definition of the second stage of this disease.

The vascular system now becomes disturbed, and the disease exhibits itself, with a strongly marked inflammatory character. The pulse becomes hard, quick, and corded, the skin parched, and dry, the thirst increases, hectic flushes supervene, together with a burning sensation in the palms of the hand, and soles of the feet, a clean polished tongue, a sensation of fullness in the Epigastric, and Hypochondriac regions, with a considerable degree of tenderness on pressure. The urine deposits a latent sediment, and the bowels remain irregular. The sympathetic affections now become of an inflam-



matory character, constituting Stomatitis, pulmonary consumption, or some other disease. These, of course, become entirely independent of the original disease, and, in fact, sometimes supplant it.

Causes - The causes of Idiopathic Dyspepsia, are those which act directly on the stomach; secondly, those which act indirectly, through the medium of other parts. Among the former, may be enumerated. 1. Certain Narcotic and improprie articles, such as, opium, tobacco, strong tea or coffee, ardent spirits, bettles, vinegar; strong peppers, and aromatics. 2. The frequent, and long continued use, of any medicine, and particularly Nitro. 3. The exclusive vegetable diet, particularly that of a flatulent kind. 4. Drinking large quantities of warm or cold



fluids. 5. The too frequent use of Emul-
sions. 6. Immoderate repulsion of stomach,
from eating or drinking.

Among the second class of causes, or those
which act indirectly on the stomach,
may be mentioned 1. Indolent and sed-
entary habits. 2. Excessive application
to study. 3. Excess in venery. 4. Fre-
quent intoxication; which partly belongs
to the former class, and partly to this.

5. Exposure to cold and moist atmosphere
without exercise; cold feet are particu-
larly injurious. 6. Excitation of mind, from
grief, or the indulgence of vehement and
disorderly passions.

Post mortem examinations exhibit va-
rious appearances. The stomach is usu-
ally flabby and relaxed; sometimes, there
is an alteration in the structure of the



lignous, and in the male glands of the mucous coat; and if the case be advanced to the second stage, a species of chronic inflammation. Stenosis of the pylorus, and ulceration of the coats of the stomach, sometimes occur, but it is much more frequent by the case, that the sympathetically affected organs (such as the Liver, Spleen, &c.) become disorganised. —

Pathology. — From the preceding history, it will not be difficult, to understand the nature of Dyspepsia. The first morbid process in the establishment of the disease, is nervous irritation. From this derangement of the nerves, the function of the gastric liquor must be impaired, and the muscular fibres of the stomach affected. In consequence of the former, we have sour eructations, flatulences,



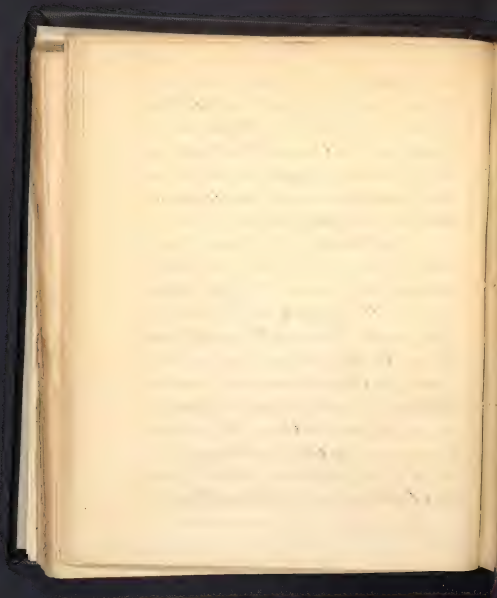
and distention from the food not being properly acted on, and of the latter, the sense of weight and oppression at the Epigastric region, together with nausea, as a consequence of the food not being propelled into the Duodenum. The loss of these two functions, necessarily increases this nervous irritation, which, continuing for some time, debility of the capillaries ensues, producing congestion, which eventually is inflammation. Hence the tenderness of, the Epigastrium, and all the febrile symptoms, connected with the second stage of Dyspepsia.

Prognosis Our opinions as to the termination of this disease, must be founded upon the stage of the disease, the soundness of the constitution, the habits of the patient, and the disposition he



has to comply with our advice. In the commencement of the disease, the patient can generally be cured, if proper means be employed. But when the structure of the organs becomes implicated, it is needless to expect a cure, and our treatment must be wholly palliative.

Treatment - This varies considerably, according to the stage of the disease, you may be allowed to say. If the disease be yet in the first stage, the exhibition of an emetic to remove the irritating contents of the stomach, and prepare the system for other remedies, will first claim attention. For this purpose Ipecacuanha will be the best article. It will sometimes produce vomiting, which may be followed by the disorder of stomach incident to this disease; but emetics should



not to be employed without discrimination,
 as they are one of the causes of the dis-
 ease. Next we recur to laxatives or mild
 purgatives. I shall mention only a few of
 the most prominent remedies of this class,
 deeming it useless to enumerate all the
 articles which have been, and may be
 employed. All the saline and drastic
 purgatives must be avoided; to the lat-
 ter Rhubarb furnishes an exception.
 It, however, is liable to one objection; which
 is, that it leaves the bowels with a ten-
 dency to constipation. But if, we should
 wish to use it, this objection may be ob-
 viated, by combining with it, Castor-oil
 or Magnesia.

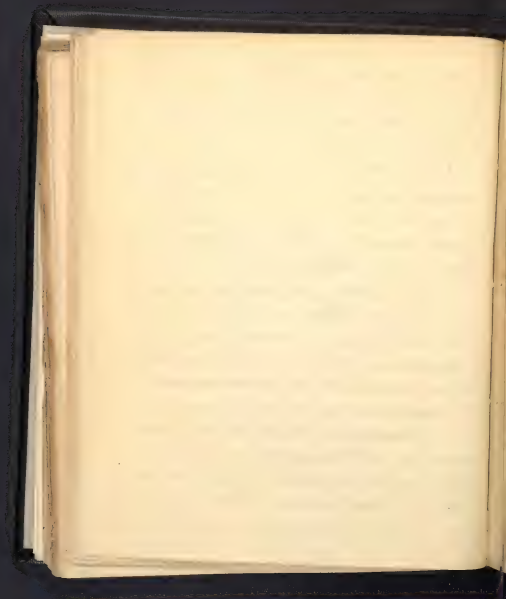
If there be torpor in the Aesodenum
 which may be known by a sense of oppres-
 sion after eating, an exhibition of two drachms



of Lemna, and one of Gentian, in a pint, of boiling water, will answer well. The Dec. is a wine-glassful, just in anticipation of the dyspepsia.

A combination of *luc. sulphurea*, and calcined Magnesia in equal proportions, is an excellent laxative in Dyspepsia. To these laxatives, I shall add *Mead's pills*, the peristaltic persuaders, and equal quantities of *Alum* and *assafoetida* combined. These are the most important laxatives, for a common case of Dyspepsia. Their end is, to keep the bowels open; and the one best adapted to the particular case, should be employed.

The next step in the treatment of this disease, is the exhibition of Tonics. Some of the vegetable kingdom, as the *Racine*, *Root of Gentian*, *Colubus*, and the



Per-bark. The bark of this cortices, had at one time an unrivalled reputation in this disease, but it is now less prescribed than either of the above mentioned articles. When it is employed, it is given either in tincture, decoction or infusion, the last of which, is best, aided by some aromatic, particularly orange peel.

The Stop and Turpina are very useful articles; the former of which, is particularly suited to the cases of Anemia.

The Mineral tonics seem to possess much more efficacy in this disease, than the vegetable. Among these, the preparations of Iron, hold the first place. The carbonate is most commonly employed; but it is inferior in point of efficacy, to the Sulphate. The former is given in the dose of ten grains, with a small portion of Ginger.



and the latter, of ten or thirty grains, made into pills. The Phosphate of Iron may be given in the same dose, and under the same circumstances as the Sulphate. The Muriated tincture of Iron is also employed, in the dose of from ten, to twenty drops. These are the remedies for the management of a simple case of Dyspepsia. But, in the progress of the disease, several symptoms arise, as before mentioned, which are painful in themselves, and aggravate considerably, the general disease. The management of these, must, of course, be subservient to the general plan of treatment.

If the symptoms alluded to, I shall treat of cardialgia first. It consists in a burning sensation of the stomach, popularly denominated heartburn. It arises



very frequently from acidity of the stomach; and is very frequently relieved by Emetics, though they must be used with caution. The Alkaline and absorbent Medicines are then commonly employed for its relief; such as Potash, Soda, and Ammonia, either in their pure, or carbonated states, together with Magnesia and Chalk, or Oyster Shells, Magnesia, and lime water. This last medicine is very frequently prescribed, and its efficacy generally known. A domestic Remedy has been employed with considerable success, and has the reputation of curing one of our most distinguished Medical individuals. My allusion is to the ley procured from the cinders. The time of taking is immediately after each meal; as at any other time



it is very disagreeable. A supercar-
bonated preparation of Potash called
Sal Aratig has lately been empl^d,
with considerable success, in the case of
a tea spoonful in Chloro water. The ve-
getable acids are said to poss^{ess} effi-
cy in this particular case.

'Nerv. of Gastralgia. This consists of
painful spasms of the stomach. The
Remedies empl^d for immediate Relief,
are Opium, Ether, Musk, Spirits of Pen-
tine, Oil of Amber; and, in short, all hot
Clas^s of Remedies denominated Antispas-
modics; among which Opium is the
most effectual. The Remedies empl^d in
the mean time, to prevent the recurrence
of the paroxysms, are the Ether, Spirit
of Clove, Nerve cordial. Spirit of ~~van-~~
perine, and the Ode of Bismuth.



Connected with gastrodynia, is, sometimes, a distressing degree of flatulence; but the remedies for that symptom, will be sufficient for both. When flatulence occurs independently of gastrodynia, we give Ruminations as palliatives, and to do away the tendency to it, Elixir of Vibrol alone, or, Combined with Per. Bark. When it follows salivæ with a sense of heat and oppression, a dry pile of *Spicaeantha* composed of two grains, given directly after eating, answers a very good purpose.

Pyrosis. Although this is considered by some as a distinct disease, yet, it is sometimes, undoubtedly, arising from acid connected with Dyspepsia. That particular kind of pyrosis that I shall treat of, seems to depend on an actual secretion of the stomach.



This is to be managed by Emetics when the discharge is copious, to be followed by Antacids, such as lime water and milk, the alkaline, and emollient preparations. oil of Amber, Spirit of Turpentine, and Oxide of Bismuth may also be employed.

Palpitations. This, although it may arise from other causes, is a very troublesome attendant on Angina pectoris.

Besides this disease, it may arise from aneurism of the heart or great blood vessels, from an enlarged pancreas, from a tumour at the root of the mesentery, and finally, from water in the Chest particularly in the pericardium. It is sometimes exceedingly difficult to determine when it arises from Angina pectoris. But the most correct diagnosis will be founded upon the history of the case.



The remedies, are, antacids, and antispasmodics, such as formerly mentioned.

There is still another very distressing symptom connected with this disease.

This allusion is, to the sick-headache. The means of managing it, are Emetics, which are sometimes very effectual, Absorbents, Alkalies, and Opium.

Lemon or lime juice in the dose of a (tablespoonful) answers well. So there may be added, a tumbler full of hard cider? When there is excitement in the system, the subtraction of a few ounces of blood, is indispensable.

Dyspepsia is sometimes so firmly established by time, as to resist all the preceding remedies: consisting, as it does, of a morbid action of the stomach, producing a relative function of the gastric humor.



Mercury will be found to be the most effective remedy. It should be given in minute doses alone, or combined with Sp. ac. uanba and Opium. Or the blue pills may be given as recommended by Mr. Abernethy. When Mercury fails, or is disagreeable, the Nitro-Muriatic acid may be used internally and externally, as a substitute. The Sanadon is recommended with the same view, under similar circumstances.

It has also been proposed by Wilson Phillips, to apply galvanism, for the purpose of reinstating the nerves. The suggestion is an ingenious one, and may lead, one day, to an important mitigation of the sufferings connected with this, and perhaps other diseases. He has proven, I think, by his experiments, that



Gastricism is identical with the nervous fluid. They are of such a nature, ^{and} conducted in such a manner, as to leave no doubt with me, on the subject. It has even been said, however, as objection to this theory, that his experiments do not necessarily prove the identity of the nervous fluid and gastricism, because, the latter may be the stimulant only, of the former. This to me appears incredible; for, in order that there should be a secretion of the gastric liquor for example, it is necessary for two things only, to exist. 1. A power to act. 2. A susceptibility on the part of the stomach to its action. All we agree, I suppose, that the nervous fluid is the power that acts. If, then, the nervous fluid have access to the stomach, an action must ensue, without the ad-



dition of any stimulant; and if it have not, no stimulant can excite it to act on a part, with which it is totally disconnected. The very idea, of having a stimulant, to produce an action between an agent, and a part susceptible to the action of that agent, is, to me, preposterous. From the known potency of the imponderable fluids, and their existence throughout all matter, I do not hesitate to declare, as my belief, that correct physiological opinions, will be founded upon facts, with which Hæmorrhages and Electricity, are intimately connected.

I have now finished the treatment of the first stage of Dyspepsia, both in its simple, and complicated forms.

The second stage, being essentially different in its character from the first, the



(not being inflammatory, and the other Nervous) the treatment, of course, varies considerably. Tonics must be chosen also, and the antiphlogistic treatment stinted by attention to. Small and repeated bloodlettings, purgatives of a saline nature in minute doses, and Opoceraacha in doses so small as not to nauseate, must be employed. If these means fail, we must add Mercury, or use it alone, with a blister to the Epigastric region, and a daily regulated Diet. Then Hemoids are mostly successful. The Nitro-Muriatic acid, and the Tannic acid, may be used as substitutes for Mercury, if required. When the inflammation of the second stage is subdued, the case must be treated, precisely, as a case of the first stage. The cases of Drunkards, are to be treated



with Opium, Stimulants, Garlic, Assafoetida, and cordial nourishment, in the first stage, and in the second, by those depleting measures, before mentioned, for the management of the second stage of Dyspepsia. It must not be forgotten, that they bear a relation, with considerable inconvenience.

When organic derangement of the stomach takes place, our treatment must consist substantially, of Opium, or some other narcotic —

Diet. We come now, to a very important part, in the management of Dyspepsia, without the concurrence of which, all other means must prove abortive. Of all the articles, that a dyspeptic patient can use, that of Milk, is probably the most benificent. It in part has done the disease itself. It ought



to be fresh from the loins. But if it should disagree with the patient, Chocolate may be substituted, always remembering the use of the sugar. If the also should prove disagreeable, weak black-ba, aided by some solid food, such as, tender bits of Mutton, or beef, may be used. If the stomach be debilitated, beef, Mutton, common fowls, turkey, oysters slightly cooked, game, of most kinds, such as, pheasants, partridges, venison, &c may be eaten with advantage. Coffee, green tea, pork, veal, lamb, ducks, geese, and fish, are also admissible. No then may be added, soups of all kinds, cakes, and toasts. As little vegetable matter as possible should be used; though rice, and sweetened potatoes, may occasionally be employed, in small quantities. The bread used, should



be stale: or, if the patient prefer them, he may use bran bread, or crackers.

In the second stage, the diet should consist wholly of demulcents. These are the articles of diet to be employed; but there are yet some circumstances connected with this exhibition, which demand attention. 1. The patient should eat little at a time, and frequently. 2. The diet should be as simple as possible, consisting wholly of one kind. 3. Very little drink ought to be taken at meals. 4. The food should be well chewed. 5. The patient ought not to swallow the food, and for that reason should eat it cold. 6. The food ought not to be mashed, as it will be swallowed without the proper mixture of saliva. 7. A small quantity of food should be placed before the



patient at a time, for fear of disgusting him.

In regard to drinks, water is the most suitable. Old porter may be used sometimes, but it is not generally beneficial. Wine of all sorts, is pernicious. Brandy and water may be used sometimes, in small quantities, but it is more particularly suited, to the cases of drunkards. In the second stage, nothing but water or demulcents should be used.

In old and obstinate cases, the employment of the cord and warm baths, frictions and exercises, unite to produce of immense utility. The bath may be used two or three times a week, moderated or not, according to circumstances. Tincture may be employed once every day, the



ordinary manner is, to rub half an hour, or more, the whole body, with fine dry salt, till it creates a universal glow. In regard to Exercise, two general rules may be laid down, which ought never to be transgressed. The first is, not to exercise so as to bring on fatigue, and the second not to exercise at all, for two hours after each meal, or with an empty stomach. The most important modes of exercising, are swimming, sailing, walking, and riding, and the one best adapted to the particular case, should be employed.

The clothing of the patient should be warm, consisting for the most part, of flannel. The stockings should be worn, and dusted with pepper, always keeping in mind the pernicious effects of cold feet. All our remedies failing, we should

our patients freely, & the Saratoga Springs, they being laxative, and secondly, to those of Ballston, they being tonic.

But in vain will we attempt to cure Dyspepsia, if the patient do not studiously avoid all the remote, and exciting causes. This will, perhaps, be the most difficult part of the treatment, as the disease generally commences at an age, when the habits of man are so confirmed, as to be almost assimilated with his nature. But we must impress strongly on the patient's mind, the penalty of transgression, and the necessary renunciation of his former scheme of life, to the condemnation of a perfect cure. —

